

# Best Available Copy

<b>CLAIMS ONLY</b>						SERIAL NO. _____	FILING DATE _____	
						APPLICANT(S) _____		
<b>CLAIMS</b>								
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
1	/					51		
2	/					52		
3	/					53		
4	/					54		
5	/					55		
6	/					56		
7	/					57		
8	/					58		
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43						93		
44						94		
45						95		
46						96		
47						97		
48						98		
49						99		
50						100		
TOTAL IND.	/	↓		↓		TOTAL IND.		↓
TOTAL DEP.	13	↓		↓		TOTAL DEP.		↓
TOTAL CLAIMS	14	↓		↓		TOTAL CLAIMS		↓

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS